

January 19, 2023

To NYS Attorney General James,

We testified at the hearing on mental health in Buffalo on 1/18/23.

The Rural Outreach Center (ROC, <http://theroc.co>), located south of East Aurora, NY, serves the large rural population living in poverty in most of southern Western New York. These areas also are mental health provider deserts.

While the focus of yesterday's hearings was mental health, it is difficult to separate the antecedents and consequences of poverty on mental health. The ROC has developed a successful model for poverty reduction and changing the face of mental health in rural areas. Our outreach programs touch several thousand residents each year, with several hundred engaged in the hard work of transforming their lives to move from poverty toward greater self-sufficiency. In addition, we are changing rural communities.

In the short-term, we are moving persons away from dependency. In the long-term we are breaking the cycle of poverty and creating healthier communities. As you know, issues related to poverty and mental health are multiple, complex and intertwined. Thus addressing mental health necessitates addressing issues related to poverty and vice versa. This is the ROC model – and it works.

Given our service to NYS residents and our measurable success, we would ask that consideration be given to providing State budgetary support for the work we do for State residents in our service area.

The ROC model empowers people who wish to move themselves and their families away from dependency toward greater self-sufficiency. By monitoring specific outcomes, we can say with certainty that our model works. See below for documentation.

In addition to poverty reduction services, we provide mental health counseling for over 100 children and adults. The demand for these services increases manyfold year-over-year, reflecting the general population's demand for mental health services.

Our 14 outcome measures are based on the National County Health Ranking's social determinants of health (SDH). Thus, our poverty measures also are measures of changes in health status. We are thus positioned to contribute to social changes that impact health care.

The Rural Outreach Center (ROC) does far more than simply assist residents. We help them move from dependency toward greater independence. Our model empowers people and families to set goals and keep them accountable as they do the hard work of attaining those goals. We provide the resources and opportunities, with over 85 collaborators, to help them reach their goals. We, too, are held accountable through our outcome monitoring. If Participants are not moving toward their goals, we analyze possible reasons and develop solutions.

Our data from the past 4 years show that, for those who had an outcome goal of:

- Improving mental health: 39% improved with another 54% sustaining that improvement.
- Improving housing: 50% improved, with another 30% sustaining that improvement.
- Improved savings: over 60% improved, with another 20% sustaining this improvement.
- Increase total income: 40% improved with another 40% sustaining those improvements.
- Improve employment status: 50% improved with another 30% maintaining that improvement.

The ROC model works. Our model helps individuals and families move away from dependency and improves mental health

Monitoring of outcomes clearly shows that those adults, families, and children who participate in our programs improve their lives. This success also is seen through our care for homeless persons at our

Code Blue site. In the past 3 years of the almost 100 individuals accessing Code Blue 80% were moved into stable housing and many into employment.

Our children's programs are equally effective in improving the lives of children, giving them the opportunity to break the generational cycle of poverty. Data from the past two years highlights:

- 53% increase in Emotional Stability among children who participate in programming regularly. 41% of children maintained their scores
- 55% of children enrolled in summer programming report an increase in Social-Emotional Competency.
- 70% of children who participate in programming self-report increases in both resilience and self-confidence.
- Of the over 100 children engaged in the children's empowerment experience, all improve their academic status.
- Children who had no dreams for their future are now exploring higher education and careers.

At any point in time, we offer mental health counseling to over 120 persons, while also addressing their other needs, creating an environment where synergies are created for growth in many areas of their lives. This is particularly evident in the transformation of the lives of the more than 100 children engaged in our children's experiences.

Our community outreach programs, e.g., school backpacks to over 300, weekend food snack packs to over 70, winter coats, boots and mittens to over 220 children in southern Erie County, and other efforts, touch many more.

The Mother Cabrini Health Foundation provided funding for the development of a manual so that others in NYS can learn from our experience and implement programming, as appropriate. We can be a change agent model for our neglected rural areas.

Beyond our work with individuals and families, we also facilitate positive change in the communities from which they come. We have focused efforts on rural housing, health disparities, transportation, and workforce development.

Our affordable housing team includes experts from Erie County, the UB law school, housing developers, Belmont housing, academia, and those with real estate experience. In addition, we have been working closely with Lenny Skrill from the NYS Homes and Community Renewal office. We are working with 4 rural municipalities to identify sites and viable projects and have a multi-acre plot that will be a starting point. Our goal is to form a separate, ROC-affiliated, entity to do housing development and management. Each development will have space for the ROC to offer its services, giving these areas access to the same opportunities as at ROC Central.

We have developed a partnership with the Volunteer Transportation Center to build a large volunteer driver network to provide transportation services to our rural areas. The VTC acts as a dispatcher and coordinator.

Our four NYS public health fellows have developed a survey tool to identify specific health and health care gaps. From these results, interventions, including public policy recommendations, will be implemented to minimize these disparities.

Finally, we were designated by the USDA (US Department of Agriculture) to guide a process to address rural workforce development. Community surveys identified needs and a program has been piloted to address needed soft-skills deficiencies.

The ROC is more than a human services agency. The ROC addresses poverty reduction by addressing the complex, multiple antecedents and consequences of rural poverty in a strategic, intentional, comprehensive way. Our work combines human services, health care, workforce development, and housing in a way that the sum is greater than the parts. And ... we know the model works because we measure outcomes.

Our support to date has been from local and state-wide foundations and individual donors. Our 2023 budget is \$1,362,107 with over \$1,000,000 in payroll. This funding model is unsustainable. Public support is needed to help us serve southern WNY residents. We ask that the State find a way to support our efforts to improve the lives of our rural communities. Based on the above, we would ask that the Sate consider funding of \$1,000,000 for operational support for services offered to New York State residents in our rural southwestern region. This is an investment in the future of our rural communities.

Thank you.